BLUNT ABDOMINAL TRAUMA

Original Release/Approval		18 Dec 2004	Note: This CPG requires an annual review.	
Reviewed:	Nov 2008	Approved:	7 Nov 2008	
Supersedes:	JTTS Clinical Practice Guidelines for Blunt Abdominal Trauma, updated Feb 2008			

1. Goal. To provide guidance on the management of combat casualties who sustain blunt abdominal trauma (BAT).

2. Background.

a. Unlike penetrating abdominal injuries where the decision to operate is relatively straight forward, those combat casualties that sustain blunt abdominal trauma offer more of a diagnostic and clinical challenge. With the improvements in body armor, truncal injury has decreased despite increasingly more lethal weapon systems. With the advent of Improvised Explosive Devices (IEDs), however, more casualties are presenting with evidence of BAT. While those patients who present to a Level III facility are afforded the luxury of CT scans when they are hemodynamically stable, those patients who present to far forward surgical units are not, and decisions to operate are based on physical examination and FAST exams.

b. It is incumbent on the senior surgeon at each facility to ensure his or her staff understands their resource limitations and the inherent limitations associated with the use of the FAST exam to diagnose a hemoperitoneum. For those patients with a positive FAST, exploratory laparotomy should be undertaken immediately. ***Rarely***, patients with a positive FAST and/or CT scan may be managed non-operatively <u>if they are already at a a Level III facility which can ensure adequate clinical follow-up and evaluation</u>. ***DO NOT*** aero-medically evacuate patients out of the CENTCOM AOR who have FAST and/or CT evidence of hemoperitoneum prior to completely assessing and controlling any and all ongoing intraabdominal hemorrhage. The benefits of non-operative management ***do not*** outweigh the risks of an in-flight hemorrhagic emergency with no potential for therapeutic surgical intervention.

c. <u>Nothing in this CPG or Appendix precludes the use of exploratory laparotomy for BAT when either the clinical or tactical situation warrants</u>.

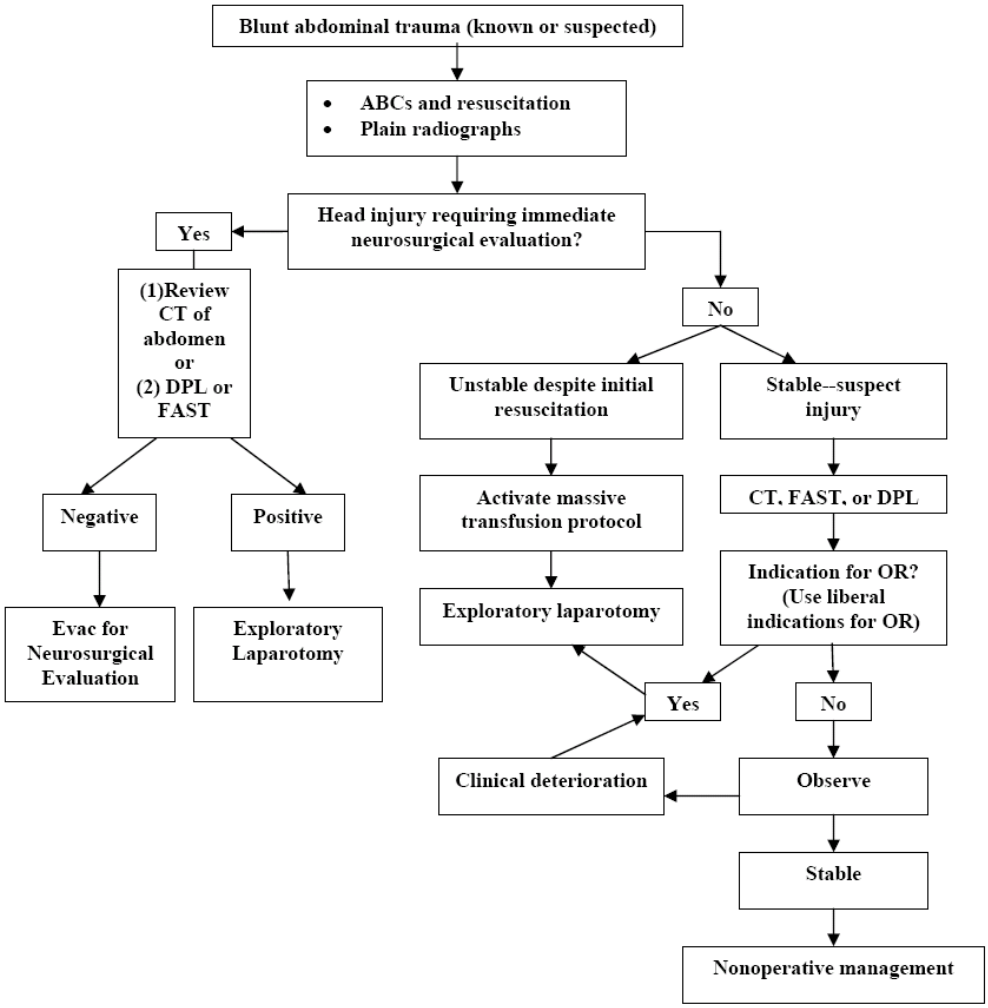
3. Recommendations. See appendix A

4. References.

[1] *Emergency War Surgery Handbook*

Approved by CENTCOM JTTS Director, JTS Director and Deputy Director and CENTCOM SG

APPENDIX A



Guidelines apply for Level II+ and Level III with surgical capability

FAST exam reliability is very operator dependent. Providers who rely on FAST exam are to be mindful of risk of false negative exam. Only providers with personal experience of accurate findings should rely on the FAST exam as a screening tool for hemoperitoneum.